



## **HIV PCR RESULTS FOR ACTION REPORT**

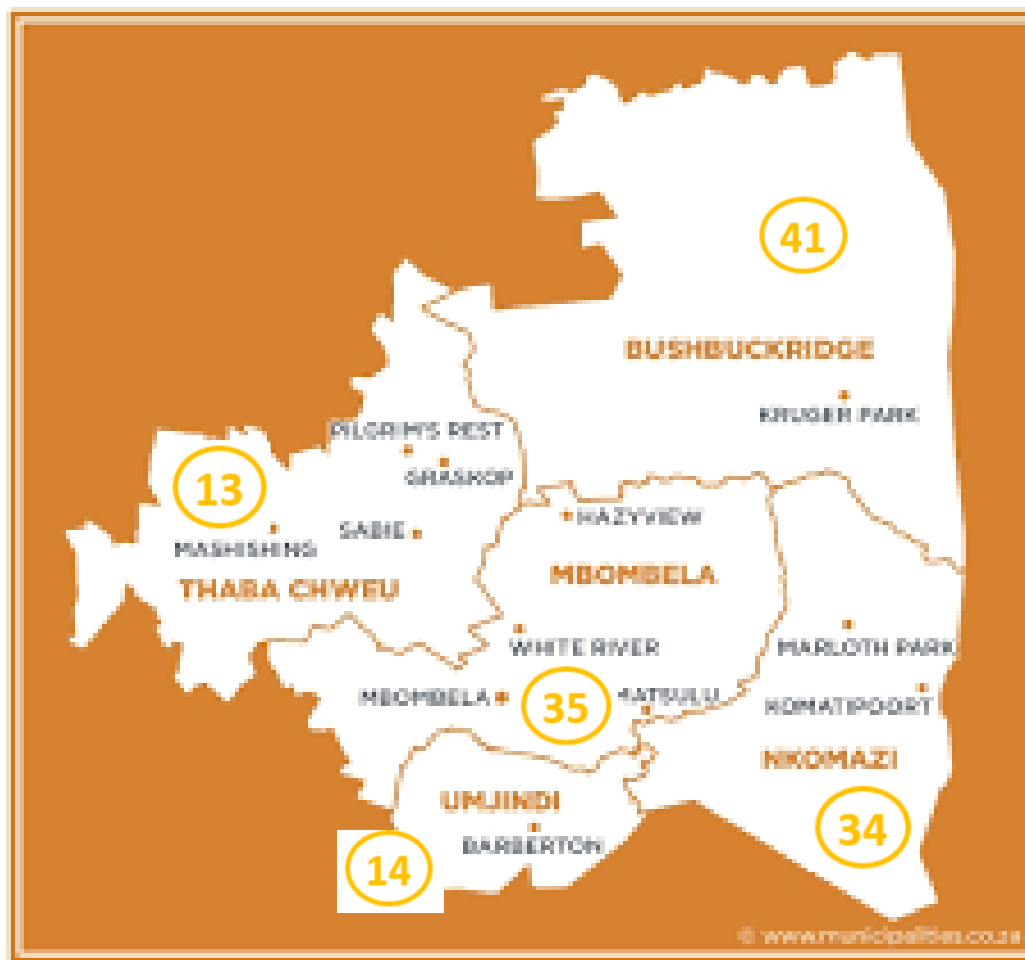
A rural perspective of linking HIV-positive infants and young children to care in Ehlanzeni, Mpumalanga, South Africa

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**2 November 2017**

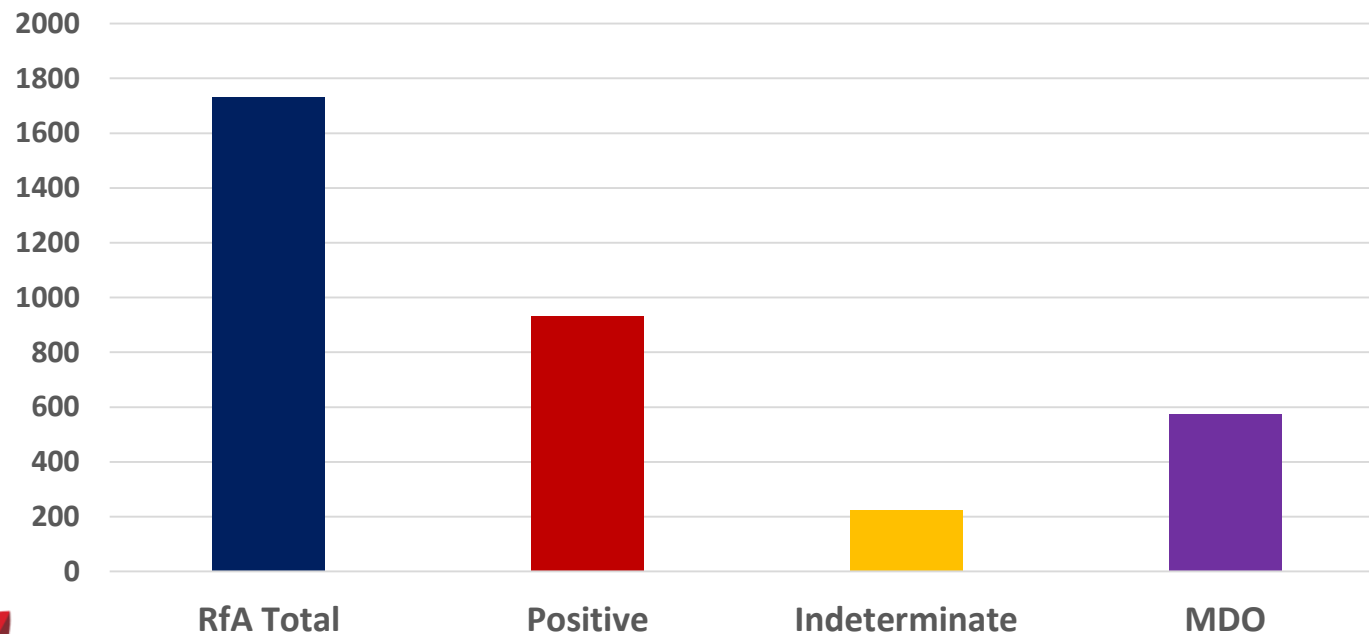
# Background

- Improve ART initiation rates in HIV-positive infants in Ehlanzeni
- Initiated in October 2015 – struggled to gain traction
- Ehlanzeni has a total of 137 facilities
- Spanning over 27,896 km<sup>2</sup>



# Method

- Trace/ determine outcomes of 1733 patients - an **overwhelming** number
- Slow implementation of the project
- Focus on **positives** and **indeterminates**
- MDOs to be followed up at a later stage (moved to a separate report)



# Methods

- Special template was designed (to help organise the results more efficiently)
- List comprises the name, date of birth and a linear view of all non-negative results for each patient in the efforts to de-duplicate results
- Advise healthcare workers on how to manage each patient

<u>Date</u>	<u>Patient Name</u>	<u>Patient Surname</u>	<u>DOB</u>	<u>Folder Number</u>	<u>Result</u>	<u>Date of Test</u>	<u>Action</u>	<u>Repeat PCR</u>	<u>Date of Test</u>
28/12/2015					Positive	21/12/2015	Unable to trace child - efforts discontinued		
28/12/2015					Positive	24/01/2016	Continue ART	Positive	08/03/2016
08/02/2016					Indeterminate	27/01/2016	Unable to trace child - efforts discontinued		
24/10/2016					Positive	19/10/2016	Continue ART	Positive	24/10/2016
30/01/2017					Positive	22/01/2017	Do baseline bloods and confirmatory PCR, Initiate ART		
13/02/2017					Positive	03/02/2017	No further action required		
13/02/2017					Indeterminate	01/02/2017	Repeat HIV PCR and HIVVL - Consult 0823586642 with results		
07/08/2017					Indeterminate	13/07/2017	Confirm that child is negative with age appropriate test		

<u>HIVVL</u>	<u>Date</u>	<u>Diagnosis Confirmed</u>	<u>Outcome</u>	<u>Comments</u>	<u>If Transferred, did they present to the facility?</u>	<u>Captured on Tier</u>
			Lost to Follow up			
		Yes	Initiated on ART			
			Lost to Follow up			
			Initiated on ART			
160	16/08/2017	Yes	Transferred		Yes	
LDL	21/07/2017		Transferred			

# Methods

Engaged with provincial RTC manager regarding template and follow up



Started sending weekly lists to provincial manager who distributes to CTOs



RTC Clinical Technical Officers (CTOs) consult list when conducting facility visits



Identification of children who have not presented for ART initiation, who can then be traced and linked back into care



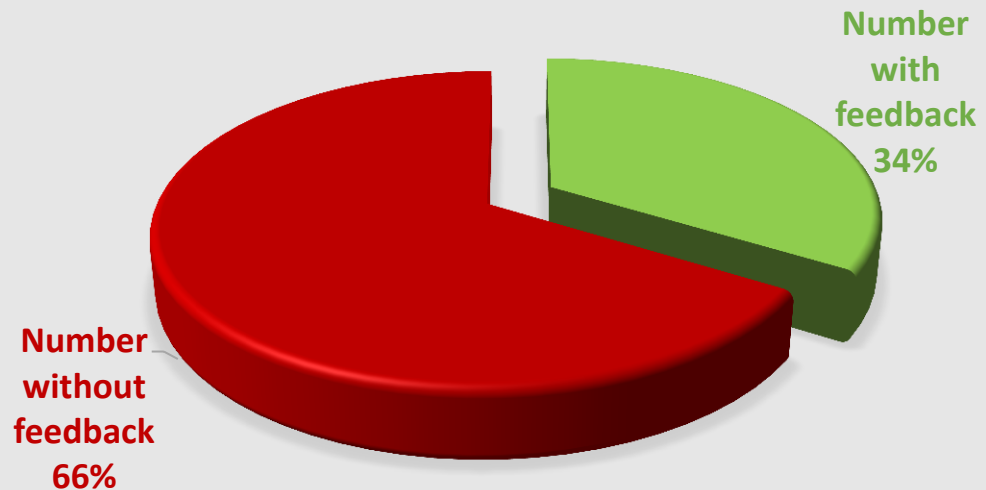
Feed back to the RTC paediatric department



# Results

- Since the revamp of this project on 1 June 2017 until 28 September 2017 feedback was received on **389 patients (34%)**
- It is likely that there is still duplication of patients in the **766 still awaiting feedback** due to:
  - Different names being used
  - Being tested at numerous facilities
  - Details not recorded/captured correctly
- Therefore the number of non-negative results are likely **less than stated on the report**

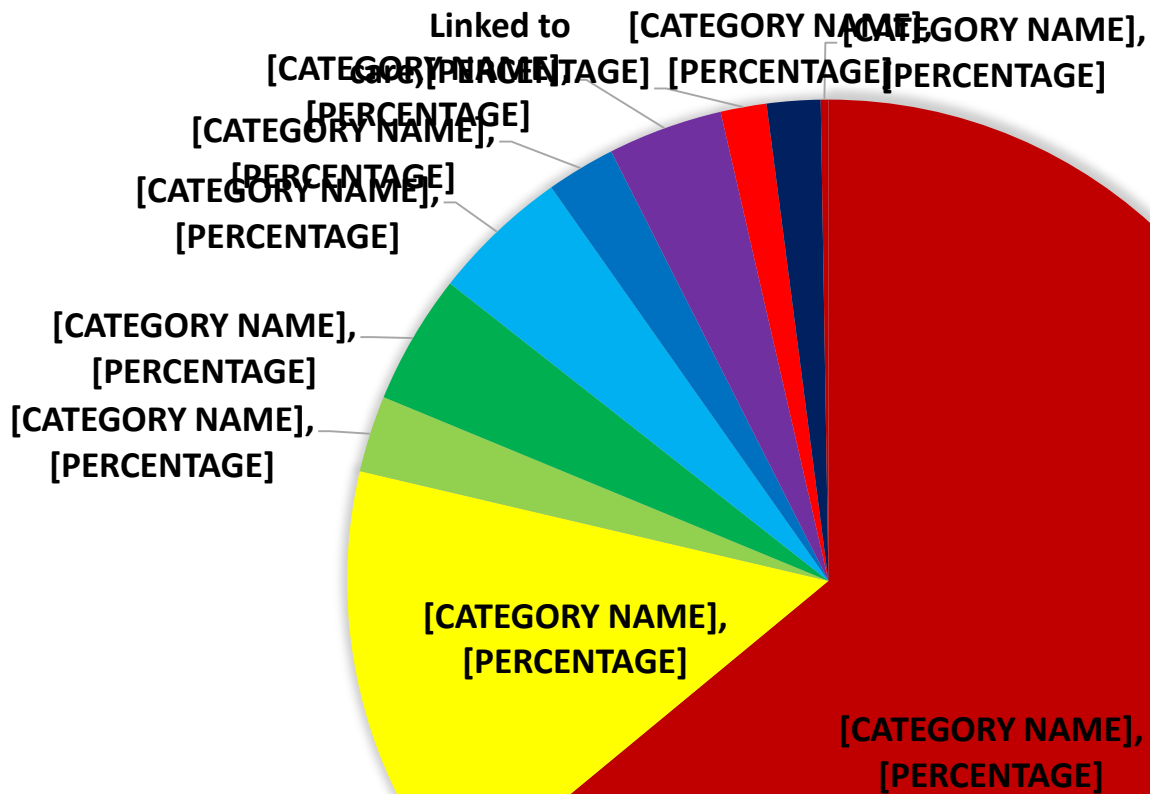
## TOTAL NUMBER ON RFA REPORT



**Between 1 June 2017 and 28 September 2017**  
Feedback was received on 389 patients (34%)

# Results

- ART initiation was confirmed in 64% (n=249)
- 15% (n=57) lost to follow-up and could not be traced
- 7% (n=27) reported as deceased: 17 ART initiation not specified and 10 on ART



# Challenges

- 15% of the total number of patients with feedback were not able to be traced
- Reasons stated included
  - No record of patient at the facility
  - Contact number provided always off
  - Relocation to an unknown address
  - Insufficient or inaccurate contact details
- Migration of patients
  - 10.4% of the current population in Mpumalanga were born in other provinces or outside of South Africa
  - Almost 17% of the work force were not born in Mpumalanga
- Lack of continuity of care between hospitals and follow up facilities





# Conclusions

- Data is limited: project only 4 months old and currently only relying on RTC CTOs to trace patients and provide feedback
- Tracing patients and linking them to care has unique challenges in the rural setting and cannot be approached in the same manner as urban areas
- High percentage of patients are not able to be traced
- De-duplication of data remains a challenge
- Not all patients that have been initiated are captured on Tier.net



# Moving Forward

- **Need to identify RfA “Champions” at each hospital**
  - Improve continuity of care between hospitals and follow up facilities
  - Avoid delay in initiating HIV positive infants on ART
- **Facilities to each receive the RfA report for their facility and to trace**
  - Catching up the backlog is the most challenging – high volume
  - Very few new patients per week – manageable
- **Comprehensive comparison with the data available on Tier.net**
  - Ensure all those that have been initiated on ART are captured
  - Focus tracing efforts on those who have not yet presented for initiation
- **Implementation of a “Unique Identifier” will limit duplication**



# Key Points

- **Tracing HIV positive infants and linking them to care for initiation on ART has unique challenges in rural areas**
  - Large number of facilities
  - Sizeable distances to cover
  - Access to internet and data costs
  - Access to a computer and computer literacy
- **Large number infants with 'Positive' or 'Indeterminate' HIV PCR results are lost to follow up and cannot be traced back into care**
  - Inaccurate/incomplete contact details
  - No record at facility
- **An efficient means of de-duplicating results is currently lacking**
  - Facilities to provide feedback
  - Use of a "Unique Identifier"



## **Disclaimer:**

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**Thank You**

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